

RR Registrar Review

Vol. 4, No. 3 Quarterly Newsletter of the Virginia Cancer Registry Winter 2000-2001

Welcome to the Winter 2000-2001 edition of the REGISTRAR REVIEW (RR), the quarterly newsletter of the Virginia Cancer Registry (VCR). We remind all readers of our aim that the content of this newsletter address current and changing needs of persons interested in cancer control and prevention in Virginia. Therefore, we welcome any and all comments, criticisms and suggestions on how the RR can continue to meet the dynamic needs of Virginia's cancer reporting system. If you have comments, please do not hesitate to let us know by contacting the VCR at:

Virginia Department of Health
Virginia Cancer Registry
P.O. Box 2448, Room 114
1500 East Main Street
Richmond, VA 23218
(804) 786-1668 phone
(804) 371-4061 fax

Season's Greetings

As we reflect back on the year, we can see that cancer surveillance is improving in Virginia. We are now gathering and providing more complete and timely data on cancer in Virginia. The Virginia Cancer Registry wants to take this opportunity to thank each and every one of you who work so



hard each day so that these improvements can be made. We genuinely appreciate your efforts and contributions and know our work could not be done without you. We wish each of you a happy holiday season and many blessings in the New Year.

Welcome Baby Pugh!!

Amy Pugh, MA, VCR Director had a baby boy on November 27, 2000. His name is Clayton Edward Pugh. He weighed 8 lbs, 10 oz and was 21 inches long. Mother and baby (and other family members) are doing well. Amy will be on maternity leave until February.



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VCR Annual Conference

Be sure your calendars are marked for April 12-13, 2001 to attend the Virginia Cancer Registry's Annual Training Conference. It will be held at Sheraton Park South off Midlothian Turnpike (Route 60) in Richmond. We have a good line up of speakers, so it's sure to be a very positive training experience.

Topics include the new ICD-O-3, the new Collaborative Staging System, Lymphomas and Leukemias, Virginia Cancer Control Programs, a legislative update, the latest news from the College of Surgeons, and more.

Reservations can be made by calling 1-800-325-3535. Ask for the Virginia Cancer Registry block of rooms. The room rate is \$70.00 + 12.5% sales tax. Additional information will be coming out soon. We look forward to seeing all of you at the VCR Conference in April.

Virginia Cancer Plan for

2001-2005

The Cancer Plan Advisory Committee for Virginia has recently released the Virginia Cancer Plan. The plan was developed over a two-year period and includes goals, recommendations, and strategies for the areas of Prevention, Early Detection, Treatment, Rehabilitation and Palliative Care, and Cancer Surveillance. A section documenting the burden of cancer in Virginia is also included. The Virginia Cancer Plan will be posted on the Virginia Department of Health's web site in the near future [www.vdh.state.va.us].

This plan was developed by representatives of many different agencies and organizations concerned about the prevention and control of cancer in Virginia, including the American Cancer Society, Virginia Hospital and Healthcare Association, University of Virginia Cancer Center, Virginia Department of Medical Assistance Services, Virginia Department of Education, American Lung Association, Virginia Commonwealth University/Massey Cancer Center, Virginia Department of Health, Bon Secours Hospice, Cancer Information Service, Virginia Education Association, Eastern Virginia Medical School, IQ Health Virginia, Virginia Cooperative Extension, Virginia Health Quality Center,

Virginia Tech, and others.

ICD-O-3

Broadcast

On January 9 at 2-4:00 p.m. a satellite teleconference on the new ICD-O-3 coding system will be broadcast. This broadcast is provided by the NCI SEER program. The coordinates for receiving the telecast are KU Band; Galaxy 11, Transponder 13; Downlink Frequency: 11960; Audio: 6.2 and 6.8; Polarity: Horizontal; 91 West Degrees West. For more information, you may contact Jonathan Bennett, NIH Television Operation Center, at (301) 435-8278. There is no fee to downlink to this broadcast; however, local fees may be charged for use of facilities. The VCR will be viewing the teleconference here at our office in Main Street Station. Any registrar who wishes to join us for this is welcome to sit in with us. The SEER program is also offering a series of ICD-O-3 internet training modules which will provide three (3) credits of continuing education for Certified Tumor Registrars. To learn more about this opportunity, log on to <http://www.training.seer.cancer.gov>.



Staff Changes

Please welcome Lisa Shickle and Robert Magnotti to the Virginia Cancer Registry team. Lisa is our new Statistical Analysis Coordinator. She recently received her Master of Science degree from the University of Virginia's Health and Evaluation Sciences program and was working at Mid Atlantic Renal Coalition, an End Stage Renal Disease Network Organization prior to joining the VCR.

Rob is our new Statistical Analyst Senior who was working for the Virginia Center for Health Statistics prior to coming to work with VCR data. Lisa and Rob will be responsible for compiling data to answer special requests and to create VCR publications as well as for managing data as in geocoding and processing cancer death information. We are happy to have them on board and know we'll benefit from their expertise.



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Reporter's Corner

Patient Notification

We are continuing to develop plans so that all the necessary procedures will be in place to begin mailing materials to patients reported to the VCR with diagnosis dates on or after January 1, 2001. All reporting sources in the state should have received a letter about this. Enclosed with the letter were a draft patient notification letter and informational flyer about the VCR.

We want to be sure you are all aware that notification of your patients is set to begin when 2001 diagnoses come into the state registry. This notification will go out to all patients reported by a Virginia facility who have a reportable cancer. Please call us with any questions or comments you have about this.

cancer registries. Again, this law applies to a state health department program and does not pertain to hospital operations (aside from the requirement for hospitals to report to the state).

3. NAACCR guidelines apply to central registries, too. Their guidance on release of information is for records being exchanged between state registries. For appropriate policies regarding data sharing between hospitals and the appropriate procedures for the protection of confidential data, refer to your hospital's policies or obtain guidance from the Commission on Cancer.

4. Section 32.1-41 of the Code of Virginia applies to the release of confidential information from the Virginia Department of Health. It states that the Commissioner of Health is the only person who may approve such release and may only do so if "pertinent to an investigation, research or study". This does not apply to the release of information from a hospital registry. Again, your hospital needs to develop its own policies about this, based on hospital rules and regulations.

5. The penalties for inappropriate release of information listed in 32.1-71.01 apply only to members of the Virginia Cancer Registry and researchers who receive data from the

Confidentiality Issues

We are all acutely conscious every day of the importance of protecting the confidentiality of the names of our patients and providers. There has been some confusion lately regarding some of the finer details about how to approach certain confidentiality issues. We will try to shed some light on the subject in this section.

1. The *Code of Virginia* (32.1-70 through 32.1-71) requires hospitals, clinics, and pathology laboratories, and in some instances physicians, to report cancer cases to the statewide cancer registry. Therefore, reporting cancer is a legislative mandate and data sharing agreements are no longer needed between Virginia reporting facilities and the Virginia Cancer Registry.

2. The section of the Code about confidentiality and data sharing agreements (32.1-71) applies only to the Virginia Cancer Registry. It does not dictate hospital registry policy. Hospitals need to follow their own laws and regulations. Legal counsel at the facility level may need to be consulted to identify procedures for data sharing with anyone other than the Virginia Cancer Registry.

This section of the Code was not intended to identify legal restraints or requirements regarding the exchange of information between hospital registries. It was intended to allow the exchange of information between the Virginia Cancer Registry and other state

state registry. The other penalties, listed in 32.1-27, apply to anyone who fails to follow VDH regulations in general.

6. The VCR cannot advise on hospital policy. Please consult your administration or legal counsel for further guidance on these issues. If anyone wants to discuss this further, please call Diane Woolard at (804) 786-6261.



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Reporter's Corner

Should Your Pathologist be Reporting?

Another issue which may need to be solved by your hospital administration or legal counsel is whether your pathologist should be reporting to the VCR information on cases confirmed by him on patients who are not a part of your hospital system, i.e., specimens read by the pathologist acting as a contractor, or as an independent pathologist when the tissues are submitted from a facility or provider other than the hospital's own inpatient or outpatient facility.

The hospital registrar may be allowed to report these cases on behalf of the pathologist. It is important, however, to verify that with your legal counsel before proceeding with submitting those reports. If the registrar is not permitted to report those cases, it is important for you to work with your pathology department to ensure that they are reporting these cases. It takes the effort of all of us to build a complete and accurate cancer surveillance system for



Virginia. Thanks to all of you for those efforts.

ICD-O-3 Manuals

The hard copy version of the ICD-0-3 has been sent to the WHO for printing and can be ordered now. The price for single copies is \$54.00; and the following is the address for ordering your copies:

WHO Publications Center USA

49 Sheridan Avenue

Albany, NY 12210

Carcinoma In Situ of the Cervix NOT Reportable

The Medical Advisory Committee of the Virginia Cancer Registry recently voted in favor of the registry discontinuing the collection and processing of information on cases of carcinoma in situ of the cervix. Therefore, any diagnosis of carcinoma in situ of the cervix occurring on or after January 1, 2001 should no longer be reported to the Virginia Cancer Registry.

A letter explaining this change in the state cancer reporting requirement was sent out to all who report cancer to the VCR. If you did not receive this and want a copy, please contact your usual VCR contact person. If we receive reports of these cases, they will not be loaded into the VCR database.

SEER Summary Staging Manual 2000

The SEER Summary Staging Manual 2000 is in the final stages of the edit and publication process. The Uniform Data Standards committee of NAACCR has approved use of the new manual starting with cases diagnosed January 1, 2001 and after. Registrars should note that a major change in the "time rule" is included in the SS2K (just one of the shortened names by which the new manual has been called). Once known as the "two month rule" under the 1977 Summary Staging Guide, the new rule is as follows:

Summary stage should include all information available through completion of surgery(ies) in the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer.

Printed copies of the SS2K will be free of charge and can be ordered from SEER.



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Mark Your Calendar

March 26-30, 2001, Principles and Practice of Cancer Registration, Surveillance and Control, Atlanta, GA; **July 9-13, 2000** & registration fee \$800.00. Held at Emory University, this program is for all oncology healthcare **November 5-9, 2001** personnel, especially oncology program (hospital and central registry-based) employees with minimal knowledge of cancer anatomy, physiology and medical terminology. Cancer registrars, statistical staff and epidemiological staff who use cancer registry data would benefit most from this program. For more information see their web site at <http://cancer.sph.emory.edu> or contact Steven Roffers, PA, CTR at (404) 727-4535.

February 1, 2001 CTR Exam Application Deadline

February 12-14, & Advanced Cancer Registry Training Program "Principles and Practice of Cancer Registration, August 6-8, 2001 Surveillance, and Control." The registration fee is \$500 for the intensive three-day program. This training program is suitable for oncology program (hospital and central registry-based) employees

with a working knowledge of cancer, anatomy, physiology, and medical terminology. Cancer registrars with at least one year of experience or statistical and epidemiological staff who utilize cancer registry data would benefit most from this program. The program will specifically address: abstracting, staging, and coding difficult cancer cases; bizarre, rare, and unusual cancer cases; calculating incidence, prevalence, age-adjusted, survival, and other rates; using registry data and using the Internet to locate comparable data and useful cancer information and resources. Prerequisites: Participation in Principles and Practice training program or at least one year of experience working in a cancer registry. For more information see their web site at <http://cancer.sph.emory.edu> or contact Steven Roffers, PA, CTR at (404) 727-4535.

March 10, 2001 CTR Exam

April 12 & 13, 2001 The 2001 Virginia Cancer Registry Annual Training Conference, Richmond, Virginia.

May 22-26, 2001 National Cancer Registrars Association Meeting, Hilton in the Walt Disney World Village, Orlando, Florida.

June 5-7, 2001 North American Association of Central Cancer Registries, Hollywood, Florida.

August 1, 2001 CTR Exam Application Deadline

September 15, 2001 CTR Exam

Quality Assurance Q & A

Q: How do you code diffuse lymphoma with primary site unknown or not specified?

A: Code to Lymph nodes, NOS (C77.9)

Q: Bone Marrow biopsy showed metastatic lymphoma. Primary site is not specified. How should you code this case?

A: Code to Lymph nodes, NOS (C77.9), distant stage.

Q: Biopsy of mesenteric or retroperitoneal mass confirms lymphoma. What would be the primary site?

A: Code to Lymph nodes, NOS (C77.9). See ROADS manual page 104

Q: Multiple lymph nodes are involved. Biopsy from cervical lymph node showed lymphoma. Should primary site be C77.0 and stage local?

A: Code to C77.8. Always code laterality as 0 (not a paired organ). When multiple lymph nodes are involved, never use localized as a stage.

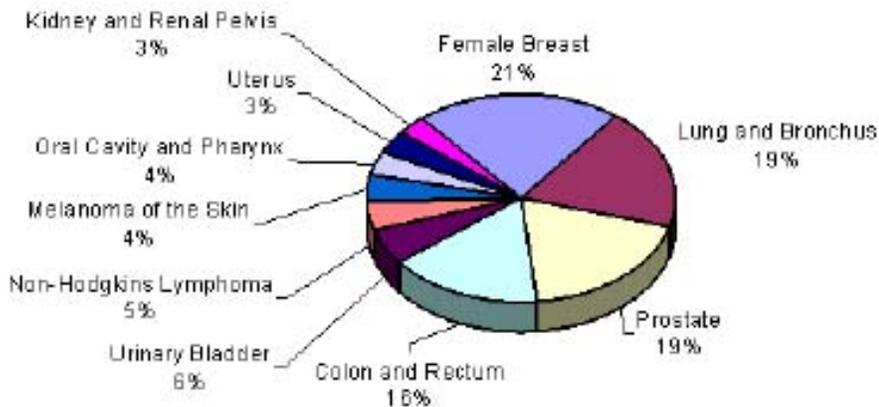
Q: Biopsy confirmed lymphoma of the stomach. No clinical evidence of nodal involvement. What is the primary site and what staging schemes should be used?

A: Primary site is stomach (C16.9). For SEER summary stage use site specific scheme for the stomach. For AJCC stage use the staging scheme for non- Hodgkins Lymphoma.

If you have questions you would like to see answered in this column, contact Bonita Bryant at 804-786-1669 or by email at bbryant@vdh.state.va.us.

Graph of the Quarter

Ten Most Frequently Reported Cancers Virginia, 1998



Note: Data exclude localized basal and squamous cell skin cancers and in situ carcinomas except urinary bladder .